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**FORM BOP 3**

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DUE ON OR BEFORE

**OCCUPATIONAL PRIVILEGE TAX  
PERSONAL RETURN**

CITY OF BETHLEHEM, PA TAX BUREAU  
TELEPHONE: 610-865-7022 TDD 610-865-7015

I declare under penalty of law that the information  
herein contained is true and correct.

Authorized  
Signature \_\_\_\_\_

**READ INSTRUCTIONS  
ON BACK OF FORM.**

VERIFY YOUR OCCUPATION  
SITUATION BEFORE COMPLETING

**- REMINDER -  
SIGN THIS RETURN**

1. OCCUPATIONAL  
PRIVILEGE TAX

**10 00**

2. PENALTY 5%

3. INTEREST (1/2% PER MONTH)

4. TOTAL DUE

PAYABLE TO:  
CITY OF BETHLEHEM  
P.O. BOX 500, BETHLEHEM, PA 18016-0500

ACCOUNT NO.



L

A

☐

MY "EMPLOYER" WITHHELD MY

OCCUPATIONAL PRIVILEGE TAX.



EMPLOYER'S NAME

EMPLOYER'S NUMBER

B

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I PAID MY OCCUPATIONAL PRIVILEGE TAX FOR THE ABOVE REFERENCED CALENDAR YEAR AND HAVE IN MY POSSESSION A RECEIPTED PERSONAL RETURN NUMBERED AS FOLLOWS:

PAID:

DATED:

C

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I CERTIFY THAT NO PORTION OF MY BUSINESS OR OCCUPATION IS CARRIED ON OR PERFORMED WITHIN THE CORPORATE LIMITS OF THE CITY OF BETHLEHEM, HANOVER TWP. (NORTH. CO.)

I CERTIFY THAT THE ABOVE CHECKED  
IS A TRUE AND CORRECT STATEMENT.



BOX.

SIGNED

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SEE REVERSE SIDE